

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JIN	1533	
O.I.P.E. CLASSIFIER		59	4/2
FORMALITY REVIEW	M.M.	2/6/00	6-2-00
RESPONSE FORMALITY REVIEW	M.M.	2/6/00	6-22-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/15/00
2	✓	✓	8/15/00
3	✓	✓	8/15/00
4	✓	✓	8/15/00
5	✓	✓	8/15/00
6	✓	✓	8/15/00
7	✓	✓	8/15/00
8	✓	✓	8/15/00
9	✓	✓	8/15/00
10	0	✓	8/15/00
11	✓	✓	8/15/00
12	✓	✓	8/15/00
13	✓	✓	8/15/00
14	✓	✓	8/15/00
15		✓	8/15/00
16		✓	8/15/00
17		✓	8/15/00
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19		✓	8/15/00
20		✓	8/15/00
21		✓	8/15/00
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24	✓	✓	
25	✓	✓	
26	✓	✓	
27	0	✓	
28	✓	✓	
29	-	✓	
30		✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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